Arkansas Insurance Department 1200 West Third Street Little Rock, Arkansas 72201 Phone is 501-371-2750

Assumed Business Name Filing Form

Instructions:

Arkansas Insurance Code 23-64-510 Ann. Requires an insurance producer doing business under any name other than the producer's legal name to notify the Commission prior to using the assumed name. An assumed name is any name you do business under but the name is not licensed by the Arkansas Insurance Department. Filing of an assumed name does not allow commissions to be paid to that assumed name—commissions can only be paid to an individual or business entity that is licensed with the Commissioner.

To file the Assumed name you must complete the following form and send it to the address listed above. If you are using multiple assumed names then a form must be completed for each assumed name. There is no fee to file an assumed name. This form must be signed and dated.

1. Legal Name of Licensee	2:		
2. License Number:			
3. Social Security or Tax I	D#		
4. Mailing Address of Lice	ensee:		
P.O. Box or Street Number	City	State	Zip Code
5. Assumed Name Being U	Jsed:		
6. If assumed name is bein address of that location:		er than the above maili	ng address-give
P.O. Box or Street Number	City	State	Zip Code
I declare that all information	n in this statement is tru	Signature	
	_	Typed or Printed Nar	me
	_	Date Signed	
artment Use Only: Received by Department	Date Keved		